

## PLEA OF NOT GUILTY FORM SUMMARY

**Purpose of Form:** To enter a plea of not guilty and receive a date for pre-trial (for traffic cases) or trial (for non-traffic cases)

**Accompanying Documents/Information:** None

**Payment Required:** \$0.00

**How to File the Form:** The original form must be filed with the court. To file the form, you may do one of the following:

- (1) Mail the form to: Milwaukee Municipal Court  
951 North James Lovell Street  
Milwaukee, WI 53233-1449
- (2) Bring the form to the court in person (please check court hours before coming to court)

If you mail the form at least ten (10) days before the court date listed on your citation, you do not have to appear in court on that date.

Once the form is filed with the court, you will be notified by mail of your new court date.

**Deadline for Completion:** If you are mailing the form, mail it at least five days before the court date listed on your citation.

If you are bringing the form to court in person or sending it by fax, the court must receive the form on or before the court date listed on your citation.

**Additional Instructions:** The following information must be completed on the form before it can be filed with the court:

Defendant's Name: If this is a case against you, fill in your name. THIS INFORMATION IS REQUIRED.

Address: Fill in your current mailing address. THIS INFORMATION IS REQUIRED.

Citation Number: Fill in the citation number. The citation number is listed in red print on the top of the ticket. THIS INFORMATION IS REQUIRED. If you can not find your citation number, contact the court.

**MILWAUKEE MUNICIPAL COURT**  
**Plea of Not Guilty -- Traffic or Non-Traffic**

Mail to: 951 N. James Lovell Street, Milwaukee, WI 53233  
Fax: (414) 286-3615

**Do not use for operating while intoxicated (drunken driving) or blood alcohol content cases.**

Please print the information below:

Defendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. No.

City State ZIP Code

Date of Birth: \_\_\_\_\_ Telephone \_\_\_\_\_

Violation: \_\_\_\_\_

Citation Number: \_\_\_\_\_ Court Date \_\_\_\_\_

**I wish to enter a plea of Not Guilty to the above citation. I understand that if I mail or fax this plea no later than 10 days before the court date above, I do not have to come to court until I get notified by mail of my new court date.**

\_\_\_\_\_  
Signature: Defendant/Attorney Date

Attorney's Bar No.:

Attorney's Address: \_\_\_\_\_  
Street Apt. No.

City State ZIP Code

**For Municipal Court Use Only:**

Received and filed by: \_\_\_\_\_

Case Number: \_\_\_\_\_ Intake Branch: ☐ 1 ☐ 2 ☐ 3